

State Defense Force Journal

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Editor's Note on This Issue

As long as the Reserve Forces remain a part of the Total Army, the National Guard (NG) will be receiving combat, peacekeeping and homeland defense missions. According to the National Guard Bureau, any federal call up of the NG will not exceed 50-percent of that state's total NG force. Still, that call up will reduce the state's quantity of first responders and the remaining NG force will find it difficult to cope with natural or manmade disasters, and in some cases with internal needs as well. In view of this situation, the state needs to seek ways to supplement the non-deployed NG for these purposes.

At least twenty-two states have the potential to provide this supplemental force in support of its NG, the USC Title 32 authorized State Defense Force (SDF). Yet, historically the SDF has rarely been utilized in this manner. One reason for this is the mission structure of most of those SDF units, traditional military police and light infantry modeled after World War Two and the Cold War, needed at the time, of limited value today with the possible exception of those states with large land mass and sparse population. Another reason is the level of dislike and distrust that many Adjutants General and their NG Commanding Generals have for their SDF. Some of it is based on the age, department and high rank held by the SDF soldiers; some of it on the SDF's mission orientation; some of it on the assumption that the cost of running the SDF will reduce state active duty funds for the NG; some of it on the concern over the management workload an active SDF will place on the NG. The fact is, it doesn't matter what the reason is, there are plenty to go around.

What is needed is a change in mission, a SDF that is focused on supporting its NG, is respected for its professionalism, is integrating into its NG. Some SDF units are actually accomplishing just this; however, very few are reporting their activities in the literature. This issue is dedicated to the dynamic restructuring of the Maryland Defense Force (MDDF) from that Military Police and Light Infantry structure of the WW-II and Cold War era into one composed of special units in support of and integrated into the Maryland National Guard (MDNG).

The MDDF began its restructuring several years ago following the vision of two of its Commanding Generals and with the guidance of the Adjutant General (TAG) the new organization is now well integrated into the Maryland National Guard (MDNG). Currently, the MDDF has a variety of professional units consisting of a medical regiment, a JAG, an engineer corps, a chaplaincy, a finance corps, even a cavalry troop, all of which are performing internal services and/or homeland security missions with or for elements of the MDNG.

Articles in this issue describe the structure and mission of several of MDDF's professional units as well as describing some of their activities integrated with the MDNG. Clearly, they point the way for all SDF units to enhance their position within their state's military department and to provide an additional source of personnel for disaster mitigation. Hopefully, other SDF units, functioning in a similar manner to the MDDF, will start preparing articles describing their new structure and integrated activities, and publish them for other SDF units to see and emulate.

READY WHEN CALLED ¹

Brigadier General (MD) Frederic N. Smalkin, JD

With the massive Federal mobilization and overseas deployment of the National Guard in the First and Second World Wars, it became apparent that a back-up military force should stay in the various states to take on the state militia duties that would otherwise not be fulfilled. These State Guards, as they were called, were state troops without Federal reserve status. Many states, including Maryland, had thousands of volunteer State Guardsmen during both wars. These units were generally disbanded after the wars.

The modern version of the State Guard, born during the Cold War, is the State Defense Force (SDF). The Constitution authorizes states to maintain troops only with the consent of Congress, and Congress has consented to maintenance of the National Guard and State Defense Forces. Presently, about half the states have SDFs.

During peacetime, the Cold War, and when there was no local or regional state of emergency, many SDFs lacked a coherent sense of identity and mission. It was unlikely that the National Guard would be subject to federal call-up on the scale of the World Wars, and there seemed to be little use for what amounted to a body of troops redundant to the National Guard.

In Maryland, at the millennium, a handful of key leaders in the Military Department chose to rethink the entire SDF concept, in terms of whether - and, if so, how - the Maryland Defense Force (MDDF) should be restructured. It was concluded that the best and highest use of the MDDF should remain as a "back-up" force for the National Guard, but not just in case of mobilization. That is, why not utilize the Defense Force as a pool of trained, often professionally-qualified, soldiers who could augment the National Guard in those areas where the Guard had a specific need?

Thus, the "new" MDDF was born, with the key concept being the creation of talent pools, organized into professional mission-oriented commands, e.g., legal, medical, and chaplain. Highly qualified commanders - most of them former active or reserve officers - were recruited, and they, in turn, recruited other professionals for their commands. Additional commands were organized, as qualified personnel presented themselves.

In the aftermath of Hurricane Katrina the MDDF expanded its Medical Command (which had already achieved Medical Reserve Corps recognition), and deployed teams to the New Orleans vicinity, where they treated close to 7,000 patients over a period of three weeks (see photograph below). This out-of-state deployment of the MDDF (as authorized by Maryland statute, but never before utilized) was highly successful, leading to the organization of the Medical Command into the 10th (MD) Medical Regiment.

¹ Published herein with permission from the Maryland Military Department, where it appeared in *Maryland Military Department Digest*, Winter 2007, p. 13.



Members of the Maryland Defense Force deployed to Louisiana following Hurricane Katrina. Photo by Division Chief Michael O'Connell, Ann Arundel, Maryland Fire Department.

The question of how best to utilize other non-professionally-qualified soldiers was solved by abolishing the traditional battalions and reorganizing units into a Military Support Command, the purpose of which is to provide command, control, logistic, and administrative support to MDDF personnel in deployment or other operational environments. Another function of military support personnel is to serve, after intensive training, in the Maryland Joint Operations Center (MJOC), alongside civilian and National Guard personnel in both routine and emergency operations.

The theme of fully integrating MDDF personnel into everyday state missions and operations, which is really at the heart of MDDF's post-Cold War mission, is actively pursued at all

levels of the Maryland Military Department. MDDF chaplain personnel are fully trained alongside their Guard counterparts and can perform the same state duties, as they did in Maryland during the Lebanese Repatriation of 2006. MDDF medical personnel are playing integral roles in the Military Department, teamed with Guard medical personnel, in medical missions, ranging from planning for pandemics to deploying with the Maryland Air National Guard's 175th Medical Group to Bosnia on a one-month humanitarian medical mission in connection with the Department of Defense State Partnership Program. MDDF engineering personnel will be assisting in engineering assessments of existing Guard facilities and the design of new ones. On a monthly - and sometimes even weekly - basis, MDDF attorneys, chaplains, and finance officers are tasked with individual counseling of soldiers and their families in cases where National Guard personnel are not available in adequate numbers. And, finally, the MDDF's own cavalry unit (Troop A) performs color guard and parade duties, fulfilling requests from the civilian community for support from the Maryland Military Department.

In sum, we in the MDDF strongly feel that we have, by good planning and good fortune, hit upon a winning formula, assuring that the Defense Force will become and remain an indispensable resource for the State's Military Department, in accordance with its traditions, but with an eye to the future.

MARYLAND DEFENSE FORCE ESTABLISHES AN ENGINEER CAPABILITY

Colonel (MD) Brian R. Kelm, PE¹
Colonel (MD) Martin Hershkowitz²

The Maryland Defense Force's motto of, "*OFFICIO VOCANTE PARATI*" translates from the Latin to, "*Ready When Called.*" To fulfill this motto in response to the War on Terrorism, the MDDF transitioned from an organization which supplied additional military manpower to the State of Maryland, to an organization that is laser beam focused to excel as a force multiplier through providing professional services to complement and supplement the existing technical skills, knowledge and experience of the other three "sister" pillars of the Maryland Military Department (MD MilDep) (Smalkin, 2007). These pillars consist of the Maryland Army National Guard (MDARNG), Maryland Air National Guard (MDANG), Maryland Emergency Management Agency (MEMA) and Maryland Defense Force (MDDF). Before the establishment of an Engineer Corps in the MDDF, other professional directorates had been established, such as the Medical Regiment (Nelson, et al., 2006 & 2007; Tuxill, 2006), Chaplain Corps, Judge Advocate General, and Finance Corps (Tuxill, 2005). The complete success of these directorates in supporting the MD MilDep led to a desire to expand additional technical support to be provided by the MDDF. In order to accomplish this, Brigadier General Frederic Smalkin, MDDF Commanding General, chartered and established the MDDF Engineer Corps in March of 2006 (Nolan, 2006; Tuxill, 2007).

IDENTIFICATION OF ENGINEERING REQUIREMENTS

The engineer corps was established with the general belief that there was a need for a facility engineering capability, but without specific guidance as to its mission, a prescribed table of allowance, or detail tasking. Mission development to support the National Guard (NG) and MEMA was researched and redefined through a process of interviewing the leadership of those three pillars of the MD MilDep such that the mission of this new engineering unit could be honed, the vision focused and a set of guiding principals developed. This interview process reaffirmed the original perceived need and further identified missions for providing engineering and facility management assistance to the MD MilDep.

The result was to identify four significant areas of responsibility for the newly formed MDDF Engineer Corps to focus on: (1) Installation Status; (2) Damage Assessment; (3) Critical Infrastructure Risk Assessment; and (4) Internal Engineering Capability. The first was to support the NG itself, the next two being in support of the NG's homeland security mission and the final one being in support of the MDDF itself.

Installation Status

As with government agencies at all levels additional requirements are continually being identified, while at the same time funding sources are constrained if not curtailed. This is especially true

¹ Colonel Kelm is the Commander of the MDDF Engineer Corps.

² Colonel Hershkowitz is TAD to the Engineer Corps in support of the critical infrastructure risk assessment mission.

for maintenance and repair of military infrastructure. The funding provided for sustainment, restoration and modernization of NG infrastructure has not kept pace with the increased usage, new emerging requirements and facility degradation due to time and heavy use. Armories, airfields and training facilities are being asked to serve well past their expected lifetimes, and only through increased efficiencies and precise focus for the utilization of facility appropriations can this degradation be held in check.

The U. S. Army has developed the Installation Status Report System (ISR) which is a uniform method of determining the status and condition of facilities and services against common standard; however, this program is time consuming, labor intensive and designed to be executed by laymen, not facility experts. The engineering leadership of the MDARNG expressed concerns (Department of the Army, 2007) as to the consistency of inspections across the numerous and isolated armories across the state. The MDARNG did not have the resources to provide technically knowledgeable and experienced facility engineers to provide the desired consistency of inspection and reporting.

Design of repair and renovation projects is, for the most part, accomplished by Architect and Engineer (A&E) firms on a contract basis; however, both the MDARNG and the MDANG need assistance in the initial development of project concepts, scope of work and preliminary estimates from which design and construction scopes of work can be developed. With the proper documentation including cost estimates of potential projects, identified projects can be forwarded to senior NG leadership and ultimately to the state or federal government for programming and funding. Engineers and architects with prior military experience have the ability, knowledge and experience for the development of these projects in the military environment. Properly documented projects with good cost estimates are critical to the credibility of military leadership when testifying before civilian leadership and requesting financial support (MDDF Engineer Corps, 2007).

Damage Assessment

MEMA has the mission of providing teams for damage assessment for emergency management from either natural or manmade disasters. An important part of disaster assessment is the assessment of critical infrastructure consisting of roads, airfields, bridges and the other public works facilities relied upon for daily life. Not only is there a requirement for disaster assessment for public infrastructure, but a similar assessment must be conducted for utilities and private property. Disaster assessment teams are not, "first responders" in emergency management operations, but need to quickly respond within hours to begin the assessment and documentation to determine if the President will declare an area as a Federal Disaster Area. This declaration will make the identified area eligible for the Federal Emergency Management Agency and other federal assistance programs for disaster relief funding. To quickly and effectively perform assessments the teams must be able to work together, have practiced command and control, understand the scope of assessment, including how to properly document damage, and, most importantly be able to safely operate in a disaster area. Much damage assessment research has been conducted in response to floods and tornadoes (Joyce, 2005; Marshall, n.d.; National Oceanic and Atmospheric Administration, 2003) resulting in some policy development guides (Sinnott, n.d.), field guides (Ohio Emergency Management Agency, 2006) and reporting forms (Sussex County EOC, Lewes, DE, 2005).

Internal Engineering Capability

The MDDF likewise has an internal engineering requirement for its administration and logistics. With little state funding, modifications and repairs to MDDF assigned areas will usually be provided by the newly established Engineer Corps. A recent internal MDDF requirement has been the development of such a requirement; identification of required material and equipment along with liaison with the MDARNG for preparations to relocate the MDDF Headquarters from one facility at the Pikesville Military Reservation to a newly identified facility which is vastly superior to the previously occupied building.

CRITICAL INFRASTRUCTURE RISK ASSESSMENT³

In addition to damage assessment following a catastrophic event, homeland security requires insight into the risk of the critical infrastructure to a natural or manmade disaster. In order to mitigate this potential disaster, Homeland Security operates at four levels: Prevent – Deter – Protect – Respond – Recover. Each level most consider roads, airports, bridges, tunnels, seaports, rail and communications centers, and the other numerous public works facilities that are relied upon for daily life. Not only is there a requirement to assess the public infrastructure, but a similar assessment must be conducted for utilities and private critical infrastructure.

Critical Infrastructure

Critical infrastructure means systems, assets, places or things, whether physical or virtual, so vital that the disruption, incapacitation or destruction of such systems, assets, places or things could jeopardize the health, safety, welfare or security of the nation/state/community, its residents and/or its economy.

Risk Assessment

This is the use of an appropriate mix of security, industry, civil and military engineers, and risk management experts to ascertain, analyze and prioritize risk for each element of the critical infrastructure. This ensures a balanced outcome that is not driven solely by security or operational concerns

Vulnerability Assessment

Vulnerability assessments identify risks in a systematic way; evaluate ways to mitigate consequences; identify risks to better plan future projects; prioritize risks for application of limited resources; and enable security decisions based on a process that is quantifiable and repeatable. The objective of the vulnerability assessment is to determine the potential threat and a reasonable path to reduce identified risks and their consequences.

³ Courtesy of Colonel Eric Rojo (AUS-Ret), previously Director for Critical Infrastructure Risk Assessment for a major international engineering and homeland security consulting firm.

Emergency Planning and Training

Establish an effective emergency planning and training program that includes risk assessment, planning, testing and evaluation, adjustment of plans and procedures, field exercises, and training.

Other aspects of Critical Infrastructure Risk Assessment

- Security Engineering Support.
- Heating, Ventilation and Air Conditioning Security.
- Risk and Security Management Services.

ENGINEER CORPS MANAGEMENT PHILOSOPHY

Following the approach advocated by the Quality Management Program, the Engineer Corps was facilitated through a series of sessions that led to the development of statements of its mission, vision, values, and a preliminary two year plan.

Mission

The MDDF Engineer Corps shall provide: (1) A professional organized, trained and disciplined professional rapid response uniformed volunteer force of engineers of all disciplines to assist the MD MilDep, other state and local government agencies, and civil relief organizations in support of an impending or actual emergency; and (2) An engineering "force multiplier" to the other branches of the MD MilDep.

Vision

The MDDF Engineer Corps shall become: (1) The engineering force of choice to augment of other branches of the MD MilDep because of our reputation for excellence, our demonstrated professional expertise, and our positive "Can Do" approach and attitude of service and ingenuity; and (2) Ready and capable for timely mobilization and response to any emergency that requires engineering expertise such as disaster evaluation and recovery, or technical evaluation and recommendation.

Values

The MDDF Engineer Corps values are expressed in terms of unit, fellow soldier, self; pride in a job accomplished; excellence without arrogance; a willingness to learn everyday; doing the most important things first; and seeking to understand the needs of those we serve before we provide a solution.

Preliminary Two-Year Plan

- **Goal:** Establish liaison with MDARNG, MDANG and MEMA; and Determine internal MDDF engineering requirements.
- **Goal:** Develop training requirements for missions in the following areas: Facility and disaster recovery assessment; Federal Emergency Management Agency organizational, command and

control, and engineer recovery assessment; Military and Department of Defense facility project development and documentation using the DD 1391. (U.S. Army Engineering and Housing Support Center, 1992).

- **Goal:** Assist the MDARNG by providing assistance for facility inspection and evaluation for the annual U.S. Army's Installation Status Report.
- **Goal:** Train disaster assessment teams to support MEMA; Conduct a Field Training Exercise under MEMA command and control; Require that all Engineer Corps personnel achieve the Military Emergency Management Specialist Basic Qualification Badge within six months of joining the Engineer Corps.
- **Goal:** Expand the facility inspection program to provide support to the MDANG.
- **Goal:** Recruitment through: Coordination with engineering and architectural professional organizations; Working with the MDDF Public Affairs Officer to develop a brochure to inform potential candidates of the mission and vision of the Engineer Corps; Presenting an enhanced awareness of the MDDF Engineer Corps to the Baltimore Post of the Society of American Military Engineers; Establishing a web page on the MDDF website; and Establishing liaison with the MDARNG, MDANG, MEMA and State Guard Association of the United States' Maryland Chapter for retired or interested personnel.

Application of the Mission and Vision

Having identified the requirements of the MD MilDep Commanders requiring support and integrating it into the overall mission and vision of the MDDF, the leadership of the newly established MDDF Engineer Corps was able to develop and refine its mission and vision. The mission of this unit was determined to be the provision of an organized, trained, disciplined, professional rapid response uniformed volunteer force of engineers of all disciplines to assist the MD MilDep, state and local government agencies and civil relief organizations in an impending or actual emergency. Through this, the Engineer Corps will act as an engineer "force multiplier," to the other branches of the MD MilDep.

The leadership of the MDDF will know that this mission has been accomplished when this Corps becomes the engineering force of choice by other branches of the MD MilDep due to its reputation of excellence, demonstrated professional expertise, positive "Can Do" approach, and attitude of service and ingenuity. Additionally, the Corps will have demonstrated its ability to be ready and capable of timely mobilization and response to any emergency requiring engineering expertise, such as disaster evaluation and recovery, critical infrastructure risk assessment or technical evaluation/recommendation.

To guide the achievement of its vision, the leadership of the Engineer Corps will imbue values in its Soldiers that reflect the priorities and concepts of unit as follows: unit, fellow soldier, self; pride in a job professionally accomplished; excellence without arrogance; willingness to learn everyday; accomplishing the most important things first; and seeking to understand the needs of those we serve before we provide a solution.

Execution

Established in March of 2006, the MDDF Engineer Corps was envisioned with an ultimate planned manpower of approximately 50 engineers and construction experts. To optimally accomplish the approved mission the organization will be comprised of about 50-percent officers and 50-percent enlisted personnel. Over the past year a carefully selected group of 12 professionals have been recruited and incorporated into the Corps. The desired qualifications of Engineer Corps Soldiers consist of experience and/or education of an engineering or construction background. Previous military experience is factored into the assignment of rank and authority for engineer corps personnel and entering grade or rank is based on experience, both military and civilian, as well as education

The current goal for commissioned personnel consists of about 20 officers with engineering degrees or other technical degrees along with demonstrated experience in the construction industry. For company grade officers, the requirement is for an architectural or engineering discipline such that the degree provides the basic engineering fundamentals. Successful completion of the Fundamentals of Engineering Exam/Engineering in Training Examination is very much desired and provides the needed technical engineering credentials. Engineering technology degrees are acceptable, but limit the officer's ability to be licensed as a registered professional engineer or architect. Field grade officers need significant engineering background with additional management or business background. It is desired that field grade officers have their engineer or architectural license and advanced degree. Again, this will/can not always be the case, but it is the goal (Kelm, January 2007; Kelm, April 2007; Kelm, n.d).

Warrant Officers are construction personnel with demonstrated experience as foremen and project managers with a history of technical construction expertise in multiple areas. Additionally, it is expected that Warrant Officers must have business acumen and construction management experience in their background. They need to be able to coordinate and orchestrate multiple construction skills to complete a project, "on time-on target."

Enlisted Personnel need a construction background and are brought in to the Engineer Corps at one of three levels identified as the Apprentice, Journeyman and Master levels. At the apprentice level construction skills are limited. Personnel with basic construction skills can be MDDF Soldiers with limited training, as well as those who have just graduated from a construction program in high school or a trade school. They are assigned as E-1, E-2 or E-3. With more advanced skills, journeymen construction workers are assigned at the E-4, E-5 or E-6, and are Soldiers who typically have 3-5 years of construction experience. They are expected to be able to fully accomplish any assigned construction task with very limited supervision. Construction personnel who have achieved the master level of construction skills will be assigned at the E-7, E-8 or E-9 and are true experts in their area of construction, be it carpentry, masonry, electrical, heating ventilation and air conditioning, or plumbing. They must be able to perform any construction skill in their area of expertise, and also be able to teach and train MDDF Soldiers they are supervising.

Organization

The Engineer Corps is currently organized as a staff organization with a commander and deputy commander/executive officer. Both the commander and the executive officer are rated engineers. The staff consists of the standard staff codes of administration and manpower (S-1), engineering operations (S-3), training (S-3T) and logistics (S-4). The intelligence (S-2) function is not currently required;

however, it could be incorporated in the future if a contingency requires. With the current complement of 12 personnel, the staff billets have the first priority for manning, line/engineering and construction functions and are performed by the same personnel who man the staff.

The Engineer Corps currently has a centralized structure and drills bi-weekly with the Headquarters of the MDDF at the Pikesville Military Reservation. With the growth of the organization to the ultimate goal of 50 personnel, line organizations will be established as squads within the geographically located Military Support Units across the state. These engineer squads, with a nominal complement of 13 engineers, will function as a military unit within the geographically located Support Unit, with administrative control exercised by the Engineer Corps leadership. Operational control will be provided by the Military Support Unit Commander. These squads will work as an established unit with integrated command and control such that each squad can operate independently or multiple squads could be brought together as an engineer platoon, as conditions dictate. Engineer squads could be tasked as an independent disaster assessment team to support MEMA or could be further broken down into three assessment teams of four persons each under the control of an engineer officer or senior enlisted person.

2006-2007 ACCOMPLISHMENTS

Although not fully up to the desired staffing level, the MDDF Engineer Corps has moved quickly ahead over the past year to meet the needs of the Command and the organizations it supports, as well as taking the necessary steps to bring the Corps well on its way to achieving the stated vision.

Significant training has been accomplished in the area of disaster assessment and emergency management. A major step in the achievement of documented expertise in emergency management has been the development of a training continuum for all engineer personnel at the apprentice, journeyman and master level whether officer or enlisted. This training continuum is additionally broken down into military, technical engineering and emergency management areas. Specifically, as part of the emergency management area, all engineer corps personnel will be qualified as Military Emergency Management Specialists (MEMS) in accordance with the requirements established by the State Guard Association of the United States MEMS Academy Program. At the apprentice level, the basic MEMS qualification is required; at the journeyman level, the senior MEMS qualification is necessary; and a master MEMS qualification is necessary for a master engineer (State Guard Association of the United States, 2007).

To provide direct support to the MDARNG, the MDDF Engineer Corps undertook the inspection of MDARNG armories across the state from February through April 2007. This challenging effort was executed as a core MDDF Engineer mission area. It required the expenditure of 450 man-hours in which one third of the MDARNG's facilities were inspected for deficiencies by MDDF Engineer Soldiers as part of the ISR program (MDDF Engineer Corps, 2007) . In the future, as the MDDF Engineer Corps gains more experience and knowledge of the ISR process, the goal for the Engineer Corps is that the entire program for the MDARNG will be executed by the MDDF. This will include not only the condition of facilities, but the adequacy of services across the spectrum of post operations support.

In the spring of 2007 the MDDF was provided the opportunity to move to a new headquarters facility. The facility proposed consisted of a building that was currently being used as a headquarters

for a MDARNG Field Artillery Battery, and had been constructed early in the 1900s. Originally, this building was built as a stable for the Pikesville Military Reservation, which was the home of the MDARNG Cavalry Troop A. The leadership of the MDDF tasked the Engineer Corps with surveying the existing facility and preparing a concept and design for modifications that would convert it to a facility suitable for the Commanding General's staff and MDDF Headquarters. The basic layout of the building was more than acceptable. Based on work flow and protocol requirements for a senior staff, a plan for proposed modifications and upgrades was submitted and approved. Many work flow modifications to the facility were proposed, such as the removal of non-load bearing walls, and the installation of numerous work counters was initiated. Electrical service was evaluated as well as the condition and capability of other utility services.

With approval of the concept, work began in August of 2007 and was completed with a dedication ceremony hosted by the Maryland Adjutant General on 8 November 2007. Work was accomplished by a combination of MDARNG and MDDF forces with over 1,600 man hours of effort expended by members of the MDDF under the direction and leadership of the MDDF Engineer Corps. The estimated cost of this work was approximately \$100,000 had the work been accomplished by a construction contractor. All work was accomplished through volunteer effort of MDDF Soldiers and material costs were less than \$25,000. Not only was this a successful effort through the accomplishment of mission tasking "On-Time, On-Target," but it was a great team building evolution for the entire Maryland Defense Force.

FUTURE

The future of the MDDF Engineer Corps is bright with vast growth potential. The ISR Program will continue and expand. This program can and should be expanded to support the MDANG for its facilities and airfields. The skills gained and honed by facilities inspections are directly transferable to disaster assessment for MEMA. including the estimated costs of damages. Additional disaster assessment training is required and being programmed for MDDF Engineer Soldiers. A close liaison has been established that will be strengthened through MDDF participation in MEMA disaster recovery exercises. This participation will further enhance interoperability and coordination with MEMA as well as the other pillars of the MD MilDep. With the establishment of the geographically disbursed engineer squads, quick response and local area familiarity will only increase MDDF Engineer responsiveness and efficiency to meet the requirements of those we support. Although not "first responders," engineer disaster assessment teams are already taking courses in civilian emergency response team (CERT) operations such that our engineers will have the rudimentary knowledge of the situation and can stay as responders rather than as victims of a natural or manmade disaster (Federal Emergency Management Agency - CERT, n.d.; Federal Emergency Management Agency - CERT Training, n.d.).

As the Engineer Corps grows and specifically as additional graduate engineers and architects are recruited, the risk assessment of critical infrastructure will be pursued. Through critical infrastructure risk assessment, mitigation of damage can be determined prior to a disaster. If the needed actions determined during the risk assessment are executed, the impact of the disaster on critical services and facilities will be minimized or eliminated. In the vast majority of situations the cost of mitigative actions are significantly less than the cost of recovery efforts from a disaster. The priority for critical infrastructure assessment will be for public facilities and structures, but the same principals can be used to mitigate the damage to critical private property.

CONCLUSION

The MDDF Engineer Corps is already a success, and has had a positive impact on the other pillars of the MD MilDep. It has gained respect and produced measurable results in support of the MDARNG and MEMA. The current rate of growth of the Engineer Corps has been sustainable, resulting in the adequate and timely provision of training as well as the assignment of productive and meaningful work for new recruits as they become MDDF Engineer Soldiers. This sustained growth to an ultimate size of approximately 50 Soldiers will maintain high morale and ensure that the quality of MDDF Engineers is high, allowing and enabling the retention of quality personnel. The future of the Corps is bright; the leadership knows where the organization is going and how it is going to achieve the right track for success.

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MARYLAND DEFENSE FORCE 10TH MEDICAL REGIMENT: PAST, PRESENT AND FUTURE

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INTRODUCTION - THE PAST

The Maryland Defense Force (MDDF) has almost always had some form of medical support, typically of the aid station format. In the mid-1990s, Brigadier General (MD) Frank Barranco, Commanding General of the MDDF (CG/MDDF) and himself a renowned physician, decided to build a responsive Medical Command to provide medical support in the event of a natural or manmade disaster. The Medical Command began to staff up to General Barranco's expectations, but was limited to providing aid station support to MDDF personnel and civilian participants at a parade or other civic gatherings.

By 2001-2002 the MDDF Medical Command (MEDCOM) existed as a bare bones headquarters training and operational planning outfit staffed by two physicians, a couple of health related Ph.Ds, two Medical Service Corps (MSC) administrative officers, a sanitarian, two former combat medics and one nurse. Additional medial and allied health personnel were scattered among the four former regional battalions, now designated military support region (MSR), teams that collectively accounted for no more than two doctors, four or so nurses, a handful of emergency medical technicians (EMTs), and a smattering of health support personnel. These people reported directly to their regional MSR commanders, and not to the director of MEDCOM who had no operational authority over MDDF medical personnel per se.

In 2003-2004, Brigadier General (MD) N. Lucas, the CG/MDDF at the time, began an effort to redesign the MDDF from its Cold War format into an organization based on professional directorates supported by the line battalions, or regional support teams. This movement opened up an opportunity for a full resurrection of the Medical Command and life began to stir within its tottering form. By late 2005, Brigadier General (MD) Frederic Smalkin, the next CG/MDDF, redesignated the quickly growing MEDCOM as the MDDF 10th Medical Regiment (10MEDRGT) as a result of its service during the Katrina recovery effort, and arranged for it to have a much broader mission. Under the direction of its then new, and current Commander, Colonel (MD) Robert Barish (M.D.), the 10th increased its mission portfolio well beyond what was originally thought feasible.

THE PRESENT

The 10MEDTGT mission portfolio has already increased to include humanitarian services, medical support for the Maryland National Guard (MDNG), [including support for the Maryland Joint Force Command (MDJTF), MDNG Post Deployment Health Reassessment (PDHRA), MDNG Periodic Health Assessment (PHA), and MDNG Soldier Readiness Program (SRP)], Maryland General Assembly Physician of the Day Program, Disaster Preparation, raising awareness, and a variety of other support activities.

Humanitarian Service

Under the present Regimental Command the 10th became the second State Defense Force (SDF) medical unit to attain the status of a military Medical Reserve Corps (MRC) as registered and authorized by the U.S. Surgeon General (Greenstone, 2006, 2007; Nelson, et al., 2006, 2007). Through support from the Baltimore County Health Department (BCHD) and the Towson University Department of Health Sciences, the 10MEDRGT became the BCHD's recognized surge medical unit within Baltimore County and as a special focus of its MDDF-Medical Reserve Corps (MRC) status, the 10MEDRGT is able to augment its internal statewide military medical support role.

As mentioned above, under Brigadier General Smalkin the 10MEDRGT accepted its first significant assignment by deploying to Louisiana in support of the Hurricane Katrina victims (Colgan, Davis and Barish, 2006). This was a most unusual deployment for a SDF unit to serve outside its borders. Under the current CG/MDDF, Brigadier General (MD) Courtney Wilson, the 10MEDRGT has logged an accelerated record of "firsts" by taking on a series of humanitarian missions outside the borders of Maryland (i.e., Bosnia and Herzegovina, and the Souix Indian Nation at the Rosebud Reservation in South Dakota). Both deployments were in support of the Maryland Air National Guard's (MDANG) 175th Wing's training mission.

The mission to Bosnia and Herzegovina took place in July 2006 and was part of the MDNG's ongoing State Partnership Program. Seven of the 80 team members were MDDF medical officers who assisted in seeing about 2000 patients, many of whom hadn't seen medical care in years and who were thinly scattered among 17 remote mountain villages.

In April 2007, Colonel (MD) Robert Barish, the 10th's (often used herein to denote the 10MEDRGT) commander appointed Lieutenant Colonel (MD) James Doyle to be point of contact (POC) for the MDDF's two week deployment with the 175 ANG Wing to the Pine Ridge Indian Reservation Annual Training. Their mission was to provide medical care to Sioux tribe members at Indian Health Service clinics on the Pine Ridge and Rosebud Indian Reservations in southwestern South Dakota 9-23 July 2007. Eight MDDF physicians and mental health workers signed up for this initiative and although treatment numbers are not available, four of the MDDF physicians saw almost 400 patients. Eight members of the 10MEDRGT participated and Lieutenant Colonel (MD) Doyle reported that the MDDF supplied 100% of the mental health team, 100% of the Emergency Medicine physicians, pediatricians and internists, and overall 80% of the physician-hours.

Medical Support to the MDNG

Long part of the MDDF's core mission, providing the support to the MDNG has always been a goal, albeit an elusive one. As indicated above strong support by the Adjutant General (TAG) Bruce F. Tuxill and by a series of MDDF Commanding Generals changed all that. One of the first indications of the changing relationships took place in November of 2006 when 10MEDRGT personnel were invited to participate in a fall joint state military medical education conference with the NG. This set the stage for a series of state joint activities that were to have far reaching implications for the MDDF and ultimately the MDNG.

Operation Vigilant Guard

Most recently, in the Fall 2007, nine 10MEDRGT personnel participated in Operation Vigilant Guard (OVG) JTF sponsored by the National Guard Bureau, Maryland National Guard, and 175th MDANG (Hastings. and Henry, September 2007; Hasting and Henry, Fall 2007). The JTF staff was responsible for planning and managing the employment and support of all MDARNG and MDANG, and MDDF elements when called up by TAG for homeland security/homeland defense missions. OVG was designed as a command post exercise (CPX) to train leaders in a simulation environment—without actual troops.

The JTF Commander, Brigadier General Guy Walsh, determined the need for staff augmentation for this exercise from both the Army and Air service components and specifically requested additional augmentation from the MDDF, “both for this exercise and as a “train up”for upcoming potential missions (McIntyre, 28 August, 2007). Nine 10MEDRGT personnel reported for duty as Medical Plans Officers/Liaison Officers (LNOs) for this CPX. Their role was to assist the commander and operations officer in planning for the employment of medical units and personnel; receiving and analyzing medical intelligence (i.e., syndromic surveillance material and any sort of medical threat information: what type of medical supplies are needed, by whom, and for what; what disease threats loom and what are the possible health risks to the proposed operations and deploying forces). These officers would also assist “in mission analysis to determine when to call up additional medical capabilities (i.e., do we need more physicians or EMTs or both; do we need certain types of medical evacuation capability) (McIntyre, 29 August, 2007).

The overall operation was “designed to train on and demonstrate the NG’s ability to achieve Unit of Effort in conducting JTF/multi-echelon operations in support of homeland security/homeland defense missions in Maryland and the national Capitol Region (NCR)” (McIntyre, 28 August, 2007). MDDF participants were excited about this activity and OVG POC Lieutenant Colonel Robert M. Corcoran, Unit Mobility Officer for the 175th MDNG/SGP, characterized it as “a great exercise -- It was thought provoking and positive. A perfect exercise without difficulties, complications and mistakes is a poor exercise as it does not provide opportunities for learning and improvement. The enthusiasm of the exercise cadre and MDDF was motivating.” One important result of this mission was that the MDDF would adapt its use of ARMY medical professional Military Occupation Specialty (MOS) designations with the U.S. Air Force specialty codes (AFSC), which are more closely aligned with civilian medical designations (i.e., licensure); hence, more appropriate for qualified State Defense Force SDF Medical Department personnel.

POST DEPLOYMENT HEALTH REASSESSMENT

Such training paved the way for MDNG support missions that appear to be unparalleled in the annals of state defense force history. Although MDNG mobilization support has always been a mission of the various MDDF Medical Commands (as it is in other states), the 10th’s lead in conducting is the Department of Defense (DOD) mandated Post Deployment Health Reassessments (PDHRAs) to assist the MDNG in determining the physical, emotional and psychological health of its returning troops appears to be another MDDF first. So far, an average of 13 MDDF physicians, physician assistants, nurse practitioners, as well as a range of licensed mental health professionals have assessed over 500 MDNG soldiers, of which about 30% have been referred for additional care.

The newest MDDF mission, another apparent SDF first, will be assisting MDARNG medical personnel in conducting Periodic Health Assessments (PHAs), and in helping with the Soldier Readiness Program (SRP). PHAs are required yearly for all NG soldiers and two MDDF physicians or physician assistants will work one day a month in this important activity which will take place in the Beacham Clinic at Maryland's Camp Fretterd Military Reservation. At this writing eight MDDF medical officers have been trained for this role by MDARNG Lieutenant Colonel Howard Bond, who himself was, until recently, a MDDF medical officer. Future trainings have been slated and it is likely that this role will expand.

At this moment, new missions keep flowing to the 10th as is reflected in a recent email sent to all NG medical commands by Maryland's Deputy State Surgeon, Captain William Fox (January 29, 2008) urged other NG deputy State Surgeons to look to the possible support of their state defense force medical commands to augment NG medical human resources. He applauded Maryland's 10MEDRGT "physicians, PAs and NPs" who "have been intimately involved in the PHA process, and have even completed the electronic PHA. He also described how the MDDF doctors had just embraced a program where the MDDF Nursing Corps visits M-Day units on weekends and administers vaccines using prepositioned supplies.

MARYLAND GENERAL ASSEMBLY PHYSICIAN OF THE DAY PROGRAM

In December 2006, Colonel (MD) Barish asked Lieutenant Colonel (MD) Doyle to organize the MDDF contribution to the Physician of the Day program for the 2007 Maryland General Assembly session. The 10MEDRGT supplied a number of uniformed physicians to the state medical society (*MedChi*) to treat any medical problems that arose during the legislative session. This helped raise awareness of the MDDF among state legislators.

COMBAT LIFESAVER TRAINING.

The Deputy State Surgeon, Captain Fox, recently requested additional support from the 10th in training MDNG soldiers in combat lifesaving (CLS) (Doyle, 2007a; Doyle, 2007b). MDDF's Medical Team Leader, Lieutenant Colonel (P) (MD) Shanahan, and Nursing Team Leader, Lieutenant Colonel (MD) Karl have been assigned to work with Captain Fox to implement this program. Major (P) (MD) Alves has been assigned to lead the effort, under their direction, consisting of MDDF physicians, nurses, and Emergency Medical Service personnel.

Other Support Roles

Another MDNG support role played by the 10th (and many other MDDF members) occurred when fourteen of its members participated in ceremonial duties in the January 17, 2007 Gubernatorial inauguration of newly elected Maryland Governor Martin O'Malley. Six other 10MEDRGT personnel staffed a first aid treatment station for inauguration personnel.

Many members of the 10th have outstanding reputations in their field and its nursing corps is no exception. An example of this record is Captain (MD) Odediah Skolnick, RN, who was selected in November 2006 by the Maryland Nurse's Association as one of the 12 "showcase" nurses for their annual nursing calendar. Captain (MD) Skolnick, RN, was selected for her work at Katrina and her

participation in a joint training exercise (buddy-first aide evaluation) with the MDANG 175th Air Wing among her many other contributions to the 10th

Disaster Preparedness

Emergency service and disaster preparedness have been on the plates of many of the nation's SDF units and the MDDF is no exception, as its record at Katrina attests. Since that time, despite its ongoing MDNG support roles, the 10th has continued to train for various surge medical support roles to support civil authorities when they are overwhelmed. In June of 2006, for example, approximately 35 MDDF soldiers participated in a statewide, real-time emergency HazMat disaster exercise (Operation: I-70 Road Rescue) (Spencer, Harris and Valentine, 2006). This was the culmination of a multi-agency planning process that began in November 2005. MDDF Personnel set up and operated two surge capacity sites (Towson University and Essex Community College), where they treated overflow patients from three area hospitals.

In December 2007 the 10th's Deputy Commander, who is also the point of contact (POC) with the Office of the Surgeon General for its MRC status, met with the Baltimore County Emergency Management Task Force, comprised of representatives of five Baltimore County hospitals, colleges and universities (Community College of Baltimore County, Towson University, and Goucher College) the Baltimore County Fire Department and Police jurisdictions to plan an even larger field training exercise (FTX) than the previous year's I-70 Road Rescue FTX. This event, FTX-2008, is based on a scenario where a tornado devastates the Towson University Campus. The MDDF will once again staff a surge treatment facility to handle the 200 or so walking wounded, worried students, and community "smart victims" that will be recruited for this event.

Raising Awareness

Many members of the 10th have written articles in regional and national publications, and given interviews to local newspapers documenting how SDF medical units can augment America's sorely taxed military health infrastructure. Most recently, two articles written by members of the 10th have appeared in a prestigious DOD peer reviewed publication, *Joint Center for Operational Analysis (JCOA-LL) Journal*, Vol. IX. The first, "Developing Vibrant Defense Forces" (Nelson, Smalkin, Barish, Doyle and Hershkowitz, 2006 and 2007) focuses on the 10th's role during Katrina and how it became a registered MRC, and the second, entitled "Medical Aspects of Disaster Preparedness and Response: A System Overview of Civil and Military Resources and New Potential," written by Colonel (MD) Nelson and U.S. Public Health Service Captain David Arday, M.D. [the former director of the National Disaster Medical System (NDMS)] had a broader focus, but also addressed potential growth roles for state military forces as well as the MRC movement, which has been expanded due to recent passage of the Pandemic All Hazards Preparedness act (Pandemic and all-hazards preparedness act, 2006).

Unit Development and Program Support

Recruitment and retention is a priority now like never before. In this connection the 10th's Deputy Commander, who is also the POC with the office of Surgeon General for the 10th's MRC status, was able to secure a \$10,000 capacity building grant from the National Association of County and City Health Organizations (NACCHO) to develop hospital posters and recruitment brochures to help meet

the 10th's new recruitment goals. This is prodigious as Governor Martin O'Malley is so impressed with the MDDF that he has mandated it expand significantly, to 2,000 in 2008. This means that the 10th needs to triple its size in the coming year if it is to meet its share of the quota and its future MDNG support missions in support of homeland security/homeland defense.

Like all SDF units everywhere, a good percentage of the MDDF volunteer's active time is spent in training and the 10th is no exception. Training opportunities abound and cannot be fully detailed here. The high caliber of the 10th's personnel make for some exceptional training opportunities. For instance the 10th's Director of Operations and Training (S-3), Colonel (MD) Stanley Minken, a professor at the Uniformed Services Health Science University, has arranged for 10MEDRGT members to take both the Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses, which allowed 10MEDRG personnel to become certified in both BLS and ACLS at no personal cost. Colonel (MD) Minken has also made arrangements for several MDDF personnel to achieve instructor training in both.

OTHER INTERNAL SUPPORT FUNCTIONS

In addition to many training opportunities, the 10th also provides health support to its own personnel. One such initiative was the Voluntary Health Screening Program, initiated in April 2007. MDDF physicians performed medical and family history, blood pressure, weight, and blood sugar assessments and discussed the results with the participants. Another was the offer of free flu shots to all MDDF soldiers during two regular drills at the MDDF Headquarters in Pikesville, Maryland. Lieutenant Colonel Bond had obtained at least fifty donated doses of flu vaccine, which were given on a first-come, first-served basis. Not all tasks are enjoyable, as the 10th was also tasked with testing identified soldiers for MDDF weight standards, adjusted by age and height, in accordance with MDDF Regulation 600-9 (Maryland Army National Guard Regulation 600-9, 2003).

CONCLUSION AND THE FUTURE

The status of the rising star 10th is perhaps best indicated in the heavy responsibility that the MDNG has placed on its Commander Colonel (MD) Robert Barish, M.D., who in August of 2007 accompanied the Maryland Delegation to the National Guard Association of the United States (NGAUS) Convention in Puerto Rico in order to observe it in preparation for his role as Chairman for the upcoming NGAUS convention hosted by Maryland in Baltimore in September 2008. Colonel (MD) Barish will be under standing orders for over a year until the conference is over.

As a result of this assignment, Colonel (MD) Barish chaired the MDNG committee meeting preparing for the upcoming NGAUS convention in September of 2008. The meeting was held at Warfield MDANG on December 13, 2007. The next day, at the request of Major General Tuxill, MDTAG, he presented the plans for the NGAUS convention September 2008 to the retired general's briefing of Maryland. The briefing included an overview of housing, logistics, support/fund raising, event planning, entertainment, budget, and economic impact to the State of Maryland. Members present at the briefing included Brigadier Generals, Walsh, Leacock, and Wilson and Major General Tuxill, in addition to the numerous retired Generals from MDNG.

Building on the 10th Medical Regiment's performance over the past several years, including its status as a military MRC, and the additional MDNG health support activities delineated above, it is clear that its role will continue to increase. As the 10th's staff increases, specialty units are being considered

to expand its support capability, such as, a “body reclamation” unit, a Chaplain with psychological and sociological background, and others as the need is determined, requested by the MDNG, and approved by MDDF Command. The 10th is being considered by MDDF Command for the addition of specialty units, including the following (Doyle, 2007a; Doyle, 2007b):

Develop a memorandum of understanding (MOU) between MDARNG and MDDF medical elements that would serve as a model for future MOUs. Anticipated items are the PDHRA, PHA, SRP and Military Occupation Specialty (MOS) Medical Retention Board (MMRB).

Aviation Medical Examiner (AME) training for Flying Duty Medical Examinations (FDME) for MDDF physicians in anticipation of assisting MDARNG AMEs in performing flight physicals.

Nursing opportunities to improve medical readiness, such as nursing teams to travel state-wide to visit MDARNG drills at local armories, particularly to administer vaccinations and perform visual acuity checking.

Dental readiness to be performed by military dentists in the MDNG and MDDF utilizing existing dental facilities at Camp Fretterd and Edward J. Wiede Airfiled.

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MARYLAND DEFENSE FORCE CAVALRY TROOP A

Lieutenant Colonel (MD) Ron Roberts

INTRODUCTION

The State Defense Force of the United States is a group of men and women who perform a myriad of missions in support of the military and civilian infrastructure. The Maryland Defense Force (MDDF) undertakes missions in support of the Maryland National Guard and the citizens of the state. To that end, MDDF Cavalry Troop A was formed and recruited with highly specialized personnel who can make a difference.

This article describes the missions of MDDF Troop A. The intention is that other organizations may see the benefit to be derived from forming a horse formation and will emulate what has been done in the State of Maryland. The MDDF's current Headquarters is located on the Pikesville Military Reservation, a facility initially constructed to house a troop of the Maryland National Guard's (MDNG's) horse cavalry.

TROOP A, MARYLAND NATIONAL GUARD

The MDDF Cavalry Troop A was named to honor the MDNG Cavalry Troop A although no direct lineage to this unit is implied. The MDNG Cavalry Troop A (Balkoski, n.d.) was formed on December 23, 1897, and was comprised of expert young horsemen who lived in the Greenspring Valley area of Baltimore County. The first real tour of duty for Troop A was at the outbreak of the Spanish-American War when it was ordered into camp at Pimlico only a month after being issued their uniforms and equipment. The Troop made such a profound impression on the regular US Army officers stationed with them, that they petitioned the Federal Government to form a new US cavalry regiment, with Troop A populating the officer ranks. This very flattering request was, however, denied; and Troop A returned from the mobilization soon after.

Troop A was next called to service in 1904, during the great Baltimore city fire. It patrolled the streets of the city for two weeks, restoring order and guarding against looters. In 1904, the Troop A Armory (now called the Pikesville Armory) was built on Reisterstown Road in Pikesville as a home for Troop A. Located to the rear of the riding hall were stables and a polo field, which saw many matches. Troop A was the sole occupant of this building, which was used as a riding hall until 1917, when Artillery Battery A was formed as a counterpart. Eventually Batteries B and C were added. The former Headquarters of the MDDF was a building constructed on the Reservation to house Battery A.

Troop A deployed to the Mexican Border in June of 1916 and was attached to the 2nd Squadron of the 14th US Cavalry stationed at Eagle Pass, Texas. Troop A formed details that were assigned to various local ranches, from which they conducted regular patrols along the Rio Grande. Troop A returned to Maryland just



Troop A of the Maryland National Guard photographed on July 24, 1915

prior to Christmas of the same year. With the advent of the American involvement in the First World War, Troop A was amalgamated with Troops A and C of the 1st Squadron, New Jersey Cavalry, to form the 104th Military Police Company (MP Co). The 104th MP Co was assigned to the 29th Division, American Expeditionary Force. After the war, the remnants of Troop A were joined with the 110th Field Artillery, which for many years called Pikeville Military Reservation its home. However, former members of Troop A continued to hold reunions into the 1970's.

TROOP A, MARYLAND DEFENSE FORCE

On January 8, 2004, the Mounted Troop of Maryland Defense Force was formed with the swearing in of its first and current commanding officer, then MAJ (MD) Ron Roberts. MDDF Cavalry Troop A was attached to the Headquarters component of the MDDF. The Troop's initial mission was to form a ceremonial mounted color guard for the organization. Recruiting was undertaken focusing on retired military and non-military personnel who had equestrian skills and were of a patriotic mind.

The Troop was not afforded a budget necessitating that prospective members pay for all of their own uniforms and equipment. A decision was made to carry the M1913 saber designed by then Second Lieutenant George S. Patton, Jr., of the 15th US Cavalry. A very fine reproduction was found, along with the requisite hanger to carry the saber on the saddle. The uniform at the time was the Battle Dress Utility (BDU) in woodland camouflage pattern with the MDDF's non-subdued insignia and name tapes. The Kevlar Helmet (PASGT) was decided upon as distinctly military and for head protection while riding. The National and State Standards The term "Standard" applies to flags carried by a mounted military formation; when a flag is carried in a dismounted role it is termed a Color.¹ were issued to the Troop in addition to the Organization Standard and Guidon. The Troop received the organizational designation "CAV" and that is what is represented on its Guidon. On May 1, 2005 the Mounted Troop's name was changed to Cavalry Troop to reflect the increased number of Troopers in the unit and the envisioned expanded role.



The Mounted Troop passing in review at its first MDDF Muster on May 15, 2004

In the spring of 2006 a proposal was made that the Cavalry Troop's name be changed to honor Troop A, MDNG, which for many years was the State of Maryland's sole cavalry unit. This was granted and on May 1, 2006, the MDDF Troop was granted the privilege of changing its name to Troop A, Maryland Defense Force.

On May 1, 2006, Troop A was granted the authorization to create a Regimental Distinctive Insignia. A final design was created and was approved on July 12, 2006.



Members of Troop A at the Rededication Ceremony for the Maryland Monument at Antietam

¹ The term "Standard" applies to flags carried by a mounted military formation; when a flag is carried in a dismounted role it is termed a Color.

With continued recruiting and increased support from MDDF Command, it was decided to supply the Troop with the Army Dress Blue Uniform, which was authorized for the The term Standard applies to flags carried by a mounted military formation; when a flag is carried in a dismounted role it is termed a Color. Maryland Defense Force to wear with such modifications as state seal buttons and teal branch insignia. The Troop first fielded this uniform at the Maryland Monument rededication ceremony at Antietam National Battlefield Park on June 3, 2006.

Heraldry

MDDF Cavalry Troop A's motto is in Latin, PRODEO (Go Forward). This motto was copied from the Commanding Officer's family motto in Welsh, EWCH YMLAEN (Go Forward). Its Regimental Distinctive Insignia (RDI) is a white rampant horse, bridled for discipline, as it appeared on the entrance to the MDNG Cavalry Troop A riding hall (currently the Pikesville Armory). The shield is emblazoned with the Calvert Arms of Maryland as in the state flag of Maryland and contains the colors of this flag: black, gold, red and white.



MDDF Cavalry Troop A
Figure 6 Regimental
Distinctive Insignia

Ceremonial Mission

Troop A's first mission is to function in a ceremonial role for the Maryland Military Department as an aid in recruiting and public relations. The Troop's mounts provide an immediately recognizable aspect which the public invariably respects and appreciates. Due to the bellicose nature of any military organization, this fact serves to enhance and encourage interaction between the public and the military department in a friendly and non-threatening environment (Roberts, 2007). The following are some precepts of Troop A's ceremonial mission:

- Troop A, as already mentioned, outfits its troopers with the Army Dress Blue Uniform. The Troop has custom made riding breeches which use the same color as the dress blue pant with the correct gold lace. The use of the Dress Blue Cape has been investigated for use by the Troop in inclement weather situations.
- The Troop carries a reproduction of the M1913 Saber which was designed by then Second Lieutenant George S. Patton, Jr. It was felt that the carrying of a saber would reinforce the history and traditions of the US Cavalry, which Troop A is attempting to honor. In addition, Troopers perform the Manual of Arms on horseback as delineated in *Saber Exercise*, published by the US War Department, 1914. Troop A conducts mounted saber training exercises utilizing a course based on the U.S. Army's saber qualification course specified in TR 50-70 (1926) (Hammond, 2007).
- Both ceremonial and search and rescue missions require fit and obedient mounts that have no vices and are willing and calm. Troop A trains its troopers and mounts in a "School of the Platoon" process where they can learn by doing alongside veteran troopers and horses



Color Guard of Troop A at the Avenue
at White Marsh Parade on November 10, 2007

accustomed to riding in formation. It also uses a drill manual modified from the US 1938 Cavalry Field Manual. Having said this, it is also true that certain breeds of horses are more likely to be successful in this type of equitation than others. While there are always exceptions, this has proven to be true.

Search and Rescue Mission

In September 2006 a suggestion was made by the Superintendent of the Maryland State Police to train MDDF Cavalry Troop A as a rural mounted search and rescue asset. This was accepted and Troop A began training for this mission. As of the date of this article, Troop A continues to train for this demanding mission.

Troop A's second mission is to partner with Maryland agencies as a rural terrain mounted search and rescue (SAR) asset. Horses are uniquely suited for rural search and rescue because of their ability to negotiate hazardous terrain, going where vehicles cannot, their capacity to withstand inclement weather and their capability to live off the land. The following are some precepts of the Troop's SAR program:

- Troop A has pursued certification for Team members with the nationally accredited organization for SAR, the National Association for Search and Rescue (NASAR). This prepares the team with the requisite set of skills to take part in a SAR incident as a member of a search team. The three levels of certification (National Association for Search and Rescue, 2007) are:
 - SARTECH III: This certification is the beginning level for SAR personnel.
 - SARTECH II: This certification is the intermediate level for SAR personnel functioning as field searchers.
 - SARTECH I: This certification is the advanced level for SAR personnel who may function as a Crew Leader.
- Troop A's training schedule for SAR includes the following subjects:
 - Land Navigation, both with the US Army lensatic compass and hand-held GPS.
 - First Aid and Cardiopulmonary Resuscitation (CPR).
 - Wilderness survival and tracking using the US Army Survival Manual 21-76 and the NASAR text *Fundamentals of Search and Rescue*.
 - Packing a 24 hour field load in order to remain in the field searching for missing persons a minimum of 24 hours, regardless of the weather.
 - Search patterns and clue acquisition in order to give the searcher details about the lost person leading to their recovery.
 - Crossing difficult terrain on horseback to become adept at crossing the quite often challenging terrain that can be expected to be encountered in an SAR incident. Training

in varied Maryland State Parks increases the confidence of the rider and the fitness level and surefootedness of the horse.

- National Incident Management System (NIMS) Incident Command System (ICS) – Troop A members are required at the minimum to pass NIMS ICS courses ICS-100 and ICS-200.
- Communications – Team members train with radio communications in order to interface successfully with Maryland Emergency Agencies.
- Create a manageable and trainable structure, such as a two-man team supported by a small Base Camp of 2 Troopers to handle communications, technology and logistical support. Currently there are four such teams that can be deployed on a Search and Rescue Incident.
- Create a realistic response time of one hour after receiving the deployment order from the emergency management agency for a Trooper to depart the farm with his or her mount en route to the incident site.
- Identify specialized equine equipment needed to carry out SAR operations efficiently – The following items are recommended to be carried in the teams inventory:
 - Lightweight nylon saddle bags
 - Equine first aid kit
 - Easy boot for hoof injuries, when a shoe is lost or for increased traction.
 - Collapsible water bucket
 - Lightweight protective saddle pad
 - Hoof pick with hammer for fixing nails
 - Clinchers to tighten nails
 - Dunking sponge on a leash

CONCLUSION

In the future, Troop A looks to increase its strength by recruiting in areas of the state that have no representation. The Troop's squads are currently grouped geographically by county. With the advent of the Governor's proposed increase of the Maryland Defense Force by 2009, Troop A is planning to increase its complement of troopers and officers while performing its unique dual missions in support of the Maryland National Guard and the citizens of the State of Maryland.

Other professional activities contemplated by Troop A for the future is to establish a skill-at-arms competition for other modern day cavalry units which will encourage the development and proficiency of these units through friendly competition.

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MARYLAND DEFENSE FORCE JOINS NATIONAL GUARD FOR MAJOR HOMELAND SECURITY/TERRORIST RESPONSE EXERCISE

Lieutenant Colonel (MD) Robert Hastings
Major Kristine Henry, MDARNG

The Maryland Defense Force (MDDF) joined the National Guard (NG) for Exercise Vigilant Guard, a major homeland security/terrorist response exercise held in Maryland, Virginia and Washington, DC, during the week ending 7 September, 2007 (Maryland Army National Guard press release, 2007; Maryland Defense Force press release, 2007). Vigilant Guard is a National Guard Bureau sponsored series of national and regional exercises (Maryland National Guard Joint Force Headquarters, 2007) designed to enhance the preparedness of National Guard forces in performing their role as the first military responder in all domestic emergencies.

The State of Maryland's military participation in Vigilant Guard involved the Maryland NG Joint Force Headquarters (JFHQs), Maryland Joint Task Force (JTF) and operational units from all four agencies of the Maryland Military Department; the Maryland Army National Guard (MDARNG), the Maryland Air National Guard (MDANG), the Maryland Emergency Management Agency (MEMA), and the MDDF.

Participating agencies also included the Virginia NG and Department of Emergency Management, the District of Columbia NG and Emergency Management Agency; Joint Force Headquarters - National Capital Region; elements of the North Carolina NG; and county and municipal first responders from across the three jurisdictions.

The exercise followed a simulated terrorist attack scenario which unfolded over the course of the three-day exercise. The first two days were played out on computer screens and communication equipment in the CPX at the Joint Operations Center at Camp Fretterd Military Reservation in Reisterstown, Maryland, primarily testing the Maryland NG's ability to coordinate and interoperate with other state and local agencies.

Using simulated reports – “notional injects” in exercise parlance – from a variety of sources, the scenario unfolded. First a truck bomb collapsed a span of the Woodrow Wilson Bridge during rush hour traffic. Next, a bomb exploded on a rail line, derailling a train near the Baltimore-Washington International Airport. As public concern spread, traffic approached gridlock and telephone lines became overwhelmed. Suspected terrorists next fired an anti-tank rocket at a train in downtown Baltimore, followed by a shoot-out with city police who found a suspicious white powder in their vehicle near the M&T Bank Stadium.

MDDF provided personnel from its 10th Medical Regiment as well as legal, chaplain, operations, communications, and public affairs personnel from its mission oriented units. Brigadier General (MD) Courtney Wilson, Commanding General, MDDF, observed

“MDDF personnel participated in both the command post exercise (CPX) and the deployment of the NG Initial Response Force. This exercise allowed us to practice in a simulated environment many of the operational and coordination skills we would need

to use in event of a real-world emergency. The experience of working with the NG and other emergency management personnel will no doubt prove very useful in the future regardless of the scenario. Everyone put forth an outstanding effort this week. Marylanders have every right to be proud of their state military forces, including both the NG and the MDDF, as well as the family members and employers who support them and provide them time away from work for training like this,” (Wilson, 2007).

Most MDDF participants were employed as staff officers in the CPX working side-by-side with their NG and MEMA counterparts to provide assistance and expertise to the JTF commander and operations officer.

MDDF medical officers assisted in planning for the employment of medical units and personnel in response to the training scenarios, analyzing medical intelligence and conducting mission analysis to determine how to deploy medical assets and when to call up additional medical capabilities. Lieutenant Colonel (MD) James Doyle, Deputy Commander for Medical Services of the 10th Medical Regiment, who worked at the JTF command post during the exercise, stated that

“Working with our NG counterparts was invaluable. Providing surge medical capability in event of an emergency is the 10th Medical Regiment’s primary mission which we prepare for on a regular basis. The command post aspect is new for us, and we’re more prepared and confident today because of this exercise” (Doyle, 2007).

Communications personnel from MDDF helped manage the NG’s Joint Incident Site Communications Capability (JISCC) system, a rapidly deployable communications package that provides the infrastructure for high-speed communications for the incident commander, with the ability to link local, state and federal communication systems to maximize interoperability and facilitate information sharing. MDDF personnel also augmented the JTF communications staff, conducting situation briefs, solving communications problems, and responding to requests for information.

Sgt. 1st Class (MD) Evan Creasy, an operations noncommissioned officer worked as a military liaison,

Coordinating military requirements, missions, and information with various civil emergency agencies was another MDDF assignment, “We managed requests for military assets from the civil agencies, conducted situation analysis, and tasked missions to our various military assets” (Creasy, 2007).

Another of MDDF’s core missions exercised during the CPX was to provide experienced legal personnel to augment the National Guard’s legal resources. Major (MD) Laurie Kwiedorowicz said that “Participation in the Vigilant Guard Exercise gave me an operational perspective on the value and utility of having on-site legal support during any type of response. The exercise gave me valuable knowledge on the roles and responsibilities of a legal counsel during response exercises.”

As the simulated scenario continued and local responders became overwhelmed, the situation became serious enough to require military assistance, and Maryland Governor Martin O’Malley called out the NG. The third day of events was no longer just notional; it was full of action as NG troops, Baltimore City Police Department, Baltimore City Fire Department, and other local first responders swung into action and actually implemented their response in downtown Baltimore.

Maryland NG UH-60 Blackhawk helicopters landed in a parking lot near the Baltimore Orioles Stadium to disperse soldiers from the 115th Military Police Battalion's Initial Reaction Force. Soon the Guardsman had assessed the situation and deployed their forces, setting up checkpoints and patrolling the streets. Soldiers and Airmen of 32nd Civil Support Team, who specialize in detecting nuclear, biological, and chemical weapons, donned blue HAZMAT suits and attempted to analyze materials at the scene.

As the military police and HAZMAT teams worked to contain the situation, members of the 29th Mobile Public Affairs Detachment (MPAD) and the 175th Wing Public Affairs Office formed a Joint Media Operations Center to respond to reporters' questions and increase the flow of information to a worried public. One of the authors, Lieutenant Colonel (MD) Robert Hastings, worked with the 29th MPAD, escorting real-world embedded news media who flew with the Initial Reaction Force aboard UH-60 helicopters to the simulated incident site in downtown Baltimore. By assisting with the real-world media mission, more NG public affairs personnel were able to participate in the training. "This is why I joined the Defense Force, to continue to use the skills I learned in the Army and in business to help keep America safe." (Hastings, 2007).

Vigilant Guard validated, for the first time in a homeland security scenario, MDDF's mission-oriented concept of operations, which was implemented following the end of the cold war era (Smalkin, n.d.). No longer structured with standing units organized to operate independently, MDDF's mission-oriented units today are organized to plug directly into NG units, augmenting their capabilities with skilled professionals who have trained and in some cases deployed alongside their NG counterparts (Tuxil, 2006; Smalkin, 2006). In September 2005, more than 200 MDDF medical personnel, along with command and support staff, deployed to Jefferson Parish, Louisiana in relief efforts following Hurricane Katrina, providing medical treatment for more than 7,000 citizens (Colgan et al., 2006).

MDDF medical personnel also joined the 175th Medical Group on its humanitarian medical mission to Bosnia-Herzegovina in July 2006, marking the first deployment of the MDDF outside the United States. In that mission, the joint MDANG-MDDF team treated more than 2000 people in 17 remote villages across the country. Recently, MDDF medical personnel supplemented the 175th Medical Group once again on a medical humanitarian mission to the Rosebud Sioux Indian reservation in South Dakota. The 10th Medical Regiment is certified as a Medical Reserve Corps (MRC) and can be designated as the MDDF-MRC (Nelson et al., 2006)

The MDDF is one of a number of State Defense Force units (Divisions, Brigades or Battalions, depending on their size and their Adjutant General) authorized by Congress under Title 32, paragraph 109 and their respective state legislatures. While specific missions vary from state to state, SDF units exist primarily to augment the capabilities of their NG. Employing unpaid volunteers who bring military experience and/or civilian professional skills, they supplement the capabilities of the NG, assist in NG mobilization for federal service, replace NG assets deployed out-of-state, and support state homeland security missions. SDF units operate under the command of the Governor, as state Commander-in-Chief, and fall under the operational control of the state Adjutant General's office. SDF units receive no federal funds and are supported entirely by the state.

Headquartered at the Pikesville Military Reservation in Baltimore, the MDDF is a volunteer uniformed state military agency organized under the Maryland Military Department. Formally established by the Maryland legislature in 1917, the unit's heritage and traditions trace back to the 17th

century. Its mission is to provide competent supplemental professional and technical support to the Maryland Military Department and the Maryland NG¹.

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¹ For further information about the Maryland Defense Force, visit www.mddefenseforce.org .

EXPANDING SUPPORT ROLES FOR 10TH MEDICAL REGIMENT: PRE AND POST HEALTH SCREENINGS OF NATIONAL GUARD SOLDIERS AND AIRMEN

Colonel (MD) H. Wayne Nelson, Ph.D.

The Maryland Defense Force's (MDDF's) 10th Medical Regiment (10MEDRGT) is arguably the most active state defense force (SDF) medical command in the nation¹ and is clearly the most creative in charting new avenues of service to both civil and military authorities in its home state of Maryland and outside at the request of and in support of the Maryland National Guard (MDNG).

Perhaps the most significant of these is the support that the 10th Medical Regiment (often referred to herein as the 10th) provides to soldiers and airmen of the MDNG by assuming, on a regular basis, the lead "provider" role in the Department of Defense (DOD) Post-Deployment Health Reassessment Program (PDHRA). This Federally mandated force health protection initiative is intended to "enhance the deployment-related continuum of care" by helping soldiers "reveal" both blatant and latent chronic mental and physical health problems triggered during the soldier's prior deployment in one of the world's hot spots (Post-Deployment Health Reassessment, 2006).

Success in this undertaking has led the MDNG to request similar assistance from the 10MEDRGT in their Family Assistance Soldier Reintegration Program, Periodic Health Assessment Program, and Soldier Readiness Program for mobilization.

THE POST DEPLOYMENT HEALTH REASSESSMENT

The Post Deployment Health Reassessment (PDHRA) program, at least in its current form, is relatively new, having only been mandated by the Assistant Secretary of Defense for Health Affairs in March 2005 (Deployment Health Clinical Center, 2007). The 10MEDRGT has participated in these proactive health outreach screenings since September 2006, and have since consistently taken a lead role in conducting both physical and mental health assessment interviews to an estimated 1000 MDNG Soldiers and Airmen.

A PDHRA screening is at once both an intimate and hands-off process, all "recent" history, with no physical – no clinical probing or prodding. The PDHRA screening revolves around detailed health interviews based on the five page DOD health self-assessment DD Form 2900. This structured questionnaire is designed to systematically collect health needs data in ways that are more reliable than might be collected through a more subjective interview process. DD Form 2900 is specially designed to help soldiers identify any chronic injuries as well as any lingering or newly emergent behavioral problems which may develop after the soldier's or airman's combat or operational service "since the full psychological impact of their deployment may not manifest until long after they have returned home" (Nelson & Bond, 2007).

¹ The Texas State Guard Medical Brigade has also been active during Hurricanes Rita and Katrina (Greenstone, 2006 and 2007) and on the Texas-Mexican border (Benner, 2007).

Preparing for the PDHRA

Ideally the on-site PDHRA screening occurs between 90 and 180 days after the soldier returns and has completed an initial “hands-on” post deployment “physical and socio-emotional health evaluation” (Bond and Nelson, 2007). At no later than sixth months after return, the soldier is ordered up with other unit members for the on-site PDHRA screening where he or she fills out the self-report component of the DD Form 2900 questionnaire and presents it to screening and assessment professionals for review.

When the soldier has completed the form, a clinician, either a qualified physician, physician’s assistant or nurse practitioner will conduct interviews to further assess the soldier or airman’s state of well being across all health dimensions including aspects of their “family and social adjustment,” which is then reviewed by a duly licensed mental health worker (Post Deployment Health Reassessment, 2006). At this point, the provider fills out page 4 of DD Form 2900 and may recommend further evaluation or to make treatment referrals which are documented on Department of the Army DA form 2173 to assure that they are provided.

Initially, the 10th’s involvement was exclusively in the mental health arena. This mirrors the PDHRA’s particular emphasis in this respect, which has, as a core goal the rooting out of any tell-tale signs of Post-Traumatic Stress Disorder, depression, or anxiety, as well as any syndromic signs of probable self medication, such as excessive drinking, and so forth – all of which not only harm the “affected soldier but to the soldier’s family as well” (Bond and Nelson, 2007). Major (MD) Marcus Ritter, M.D., a psychiatrist and the 10MEDRGT’s mental health team leader, was largely responsible for this early mental health component and was ably supported with only six of his licensed mental health team members. Though few, they were sufficient for the task at hand, and performed so well that it became obvious to the NG that 10MEDRGT medical personnel could make similar contributions for the medical PDHRA component.

Plans for an expanded MDDF role were developed by 10MEDRGT Deputy Commander for Professional Services, Lieutenant Colonel (MD) James Doyle, M.D. In November 2006, Lieutenant Colonel Michael Gafney, Maryland Army National Guard (MDARNG), the PDHRA program manager for the MDARNG, conducted the first of several ninety minute sessions to orient MDDF and Veterans Administration medical providers to the PDHRA process. Two additional sessions were held in December. By January 2007, 30 members of the 10th (which has about 115 clinical personnel) were officially qualified for this ground-breaking expansion to perform work on a voluntary basis which had previously been done exclusively by expensive DOD contractors.

Enough MDDF medical providers (eleven) were trained and ready for the 3 December 2006 PDHRA screening at the Baltimore Medical Center, which was to provide health outreach to the MDNG’s 243rd Engineering Company that had served in Iraq and had taken heavy casualties.

Conducting the PDHRA

The screening began when 95 of these soldiers viewed the educational film, BATTLEMIND which explained how their combat and operational training and experience prepares them for the trials of war, but may also make them vulnerable to the often delayed effects of pure and excessive stress once the pressure is off, the adrenaline drains, and the survival switch needs to be turned off, but doesn’t. After watching the film, the soldiers next met with the medical clinicians to engage in the DD Form

2900 evaluation and interview process. Again this health interview was designed to detect any lurking health conditions that might allow the earliest possible detection as well as an early cure, avoiding the costs and inconvenience of tertiary care which often comes too late to fully maximize the soldier's remaining health potential – to say nothing of being more intensive and intrusive.

Afterwards, the soldiers had the opportunity to meet with members of the MDDF behavioral health team who are not only legally qualified, but highly skilled at detecting the symptoms of mental disorders as well as understanding their causes. They are also adept at helping people get past the false and unfair stigma that is often associated with mental illness in order to breakdown any harmful barriers that might prevent the soldier's acceptance of needed socioemotional treatment.

Results of the PDHRA

Before the day was out, the clinical evaluators along with NG and Veteran Administration support personnel arranged referrals and treatment for soldiers of the 243rd as needed (Bond and Nelson, 2007). In this connection, an after action report filed by Major Ritter showed that of the 95 participants, 71 soldiers (78%) were identified as needing additional care, including 70 needing primary care, and 31 who also mental health treatment. This is a very high referral rate, which the 10th's Commander, Colonel (MD) Robert A. Barish, M.D., recognized as clearly underlining the need for this valuable early detection and disease prevention program and the 10th's "capacity to get the job done."

Since then, the MDDF has been involved in PDHRA screenings about every other month in February, April, June, August, and November of 2007. For these, an average of 13 MDDF clinicians (including both mental and behavioral health professionals) under the direction of either Lieutenant Colonel (MD) Doyle, M.D., or Lieutenant Colonel (MD) Charles Wiles, M.D., as officers in charge, reviewed an average of 76 service members per session, according to the following breakdown:

3 December 2006	– 102
11 February 2007	– 81
22 April 2007	– 55
23 June 2007	– 102
25 August 2007	– 56
3 November 2007	– 62

Of course, not all of these screenings had as high a referral rate as was experienced by the hard hit 243rd Engineering Company.

Much more typical, for example, was the 3 November 2007 PDHRA that saw only 65 soldiers reviewed, of which 20 (30%) were referred for medical treatment, and an additional 15 who received mental health referrals. Sadly, and not for the first time, two soldiers were found to be in such dire need of care that they had to be hospitalized immediately. Major Ritter reports (Ritter, 2007) that, on average, this is much more typical, as about 30% of all soldiers reviewed by MDDF personnel thus far receive some kind of referral. Interestingly, at the other end of the spectrum, when the 10th screened a special forces unit they made no mental health referrals.

Future PDHRAs

10MEDRGT personnel continue to be recruited and trained for the ongoing PDHRA missions which are expected to continue throughout 2008 at the levels experienced in 2007. The 10th's role has received attention from Maryland Adjutant General, Major General Bruce F. Tuxill, who praised the unit's role in maximizing the NG's potential to achieve its PDHRA goals (Tuxill, 2007), a sentiment that was echoed by the MDDF's Commanding General, Brigadier General (MD) Courtney Wilson, who took the occasion to echo the "compliments of the MDNG for the 10th's incredible support of the PDHRA mission. It is quite clear to all that they would not be able to fulfill ... or even come close to fulfilling ... this [PDHRA] requirement without the MDDF 10MEDRGT."

FAMILY ASSISTANCE AND SOLDIER REINTEGRATION

The 10th is not resting on these laurels, and its health service involvement is far from being limited to the PDHRAs. The Mental Health Team, for example, is involved in other initiatives to help promote positive soldier outreach. To this end, a memorandum of understanding amongst the MDDF, the Maryland Department of Health and Mental Hygiene, and the MDNG gave Major Ritter and his mental health team the go-ahead to finish training and to deploy the estimated 200 mental health providers as that have been identified by the mental health commission to fully support the MDNG Family Readiness Groups (FRGs).

The goal of this effort is to provide psychosocial and psycho-educational support/resiliency to the families throughout the deployment cycle. The first MDDF workshop in support of this mission was entitled "Responding to the Mental Health Needs of Service Men and Women and Their Families." This fulfilled the Joint Mental Health Commission's (chaired by the 10th's Major Ritter) mission to train qualified mental health personnel to serve as a resource for families of deployed soldiers. The 31 participants were provided solid, expert best-practice advice designed to empower them as effective mental health resource brokers to FRGs. Topics ranged from teaching personal resiliency to coping with how prolonged deployment may affect a soldier's readjustment upon returning, including its potential impact on spousal relationships and parenting.

By providing such train-the-trainers sessions, MDDF mental health providers can serve as a real force multipliers, magnifying any one-on-one clinical contribution that might be made by an individual MDDF practitioner to empower other, non-military clinicians and volunteers, to help NG families deal with mobilization and subsequent return and reintegration.

These goals are also part of a statewide post-deployment soldier reintegration program that is now in the planning phase for all of Maryland's veterans under the executive agency of the NG. The gist of this multi-faceted, multi-agency approach to assuring the veteran's maximum adjustment after homecoming will be to provide services designed to capture veterans who fall between the mental health service gaps because such services are so poorly targeted and highly fragmented.

The needs are difficult to access without some real study or competent help from a knowledgeable guide to point the way. To be sure, this reintegration role will be much bigger than can be filled by volunteers alone, military or otherwise; however, the MDDF mental health team has been involved in the planning of this NG initiative and will continue to recruit and train clinicians and other volunteers to meet its objectives of helping soldiers and their families in need.

PERIODIC HEALTH ASSESSMENTS

Soon after the 10MEDRGT's service during the Katrina recovery, its leadership began to explore new ways to develop its NG support role. One role that was explored initially was to involve MDDF physicians in the annual periodic health assessments (PHAs) which are performed to closely monitor the health status of Maryland's soldiers and airmen. PDHRA priorities, other competing tasks and staffing constraints, pushed this mission to the back burner for about two years, but the idea was given new life when Lieutenant Colonel Howard Bond (MDARNG). Lieutenant Colonel Bond, a former MDDF physician who had joined the MDARNG, returned to his old unit with a formal request for PHA support, which was quickly approved by Colonel (MD) Barish, the 10th's Commander, and set in motion by the unit's Deputy Commander for Professional Services, Lieutenant Colonel (MD) Doyle. In December 2007 Lieutenant Colonel (MD) Doyle and Lieutenant Colonel (MD) Wiles attended a planning session at the Beacham Clinic at the Camp Fretterd Military Reservation in Reisterstown, Maryland to further develop the MDDF role and to observe the PHA process.

They met with Acting State Surgeon, Colonel Gladden and other key personnel (Doyle, 2007). Shortly thereafter, MDARNG Lieutenant Colonel Bond relayed the request that the program would start with two trained MDDF providers being used each day of the 12-13 January 2008 drill to perform PHAs. The MDNG also requested that two MDDF providers be available to assist/observe at an upcoming Soldier Readiness Program (SRP) mobilization. Since the Beacham clinic is so small, plans for the immediate future call for the MDDF to supply only 1-2 providers (physicians, nurse practitioners, physician assistants) per day for a total of 2-4 provider-days per month at this site (Doyle, 2007). An Initial training offered on relatively short notice by Lieutenant Colonel Bond, ARNG, in December 2007 saw four MDDF physicians and four Physician Assistants in attendance boding well for the program's success. Additional PHA training sessions were slated for January and February 2008.

On 12 January 2008, CPT Fox (MDARNG), the Deputy State Surgeon, contacted LTC (MD) Doyle (Doyle, 2007a; Doyle, 2007b) with the first specific request for an expanded NG support mission involving the 10th's nurses. He called for four nurses to assist in purified protein derivative (PPD-tuberculin) placement of about 100 returning NG Aviation Depot Roundabout Unit and Kosovo Force personnel at two armories. MDDF physicians will interpret the PPD results.

Support of the MDNG has been a core mission of the MDDF since its reauthorization in 1985, and providing medical and health support to the MDNG has been a specific goal of the MDDF since 2001. However, prior to the Katrina disaster in September 2005 the capacity of the MDDF's medical command to deliver health support to the NG was limited. Ironically, Katrina changed all that by giving the old MDDF Medical Command (MEDCOM), now 10th Medical Regiment (in a nod to the historic unit's "Maryland State Guard" past) a platform to shine and show its Military Essential Task List (METL) capabilities; thus, a viable medical unit that could actually provide real service, to real people, in real need.

The widely recognized and published Katrina success (Nelson, et al., 2006 and 2007) was a unit recruitment boon that allowed the 10th to build a critical mass of highly qualified medical and allied health volunteers who were able to make a meaningful and sustained contribution to the MDNG in fulfillment of the unit's internal military support mission as well as confirming its capacity; thus, fulfilling its motto *Officio Vocante Parati*-- Ready when called.

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THE MARYLAND DEFENSE FORCE DISCOVERS ANOTHER WAY TO SERVE THE MARYLAND NATIONAL GUARD AND THE STATE DEFENSE FORCE

Colonel (MD) Martin Hershkowitz

At present, the United State Military is experiencing a shortage of chaplains in both its active and reserve components (Altamirano, 2007; Groening, 2007; Syeed, 2007; News as History, 2006). The shortage in this critical Military Occupation Specialty is even greater in the Reserve and National Guard (The Associated Press, 2007), particularly for units in home quarters. The reason for this seems to be based on the urgent need for chaplains in units mobilized for combat, UN Police Action or homeland defense so that the unit's chaplains are being mobilized leaving few behind to minister to the remaining troops at home. The rationale for this is apparently that, while in home quarters, the soldiers and their families have civilian Ministers to provide them with spiritual and social support and guidance.

The rationale for mobilizing the chaplains leaves one possible problem, very few civilian religious leaders who have never served in the military fully understand the problems faced by soldiers and their families who are regularly separated from each other for significant periods of time; where military mothers must leave their children behind, sometime with their father and sometime with others if the father is also a mobilized soldier; who depend on the vagaries of the military with regard to finance and law. Because of this level of understanding, some soldiers prefer military Chaplains to service their needs. Even "freshmen" chaplains quickly learn about these problems and how to assist their "congregation" to cope with them.

The shortage of chaplains is critical for Jewish Chaplains (Temple Emanuel, Beaumont, TX., 2005). For some reason there seem to be less of them available than for other religious groups. Actually, there is a group of Rabbis who are committed to providing spiritual and social guidance for individuals who live in isolation from family and friends. The group, known as the Aleph Institute, is composed of Rabbis and other members of the Chasidic (Pious) group known as the Lubavitch community, who volunteer their time and service to these isolated groups, and has also been recognized as an official Ecclesiastical Endorsing Agency by the U.S. Department of Defense to endorse Jewish Chaplains for the military (The Aleph Report, n.d.; Popper, 2006). They have often volunteered for service as chaplains in the military and just as often been rejected for the single reason, "facial hair," beards, which they are forbidden by religious law to shave. Thus, for their need to have all soldiers appear with a "clean" face, in accordance with provisions of Army Regulation 600-20 (*Army Study Guide*, 2005), the military has deprived itself of a ready resource of Jewish Chaplains.

At present there is one Chasidic Rabbi serving in the military, Chaplain (Colonel) Jacob Goldstein. He served in the New York Air National Guard under a special waiver for his beard until their mandatory retirement age caused him to look elsewhere. The U.S. Army Reserve wanted him, retained his waiver and assigned him to the staff of the Chief Chaplain of the U.S. Army. More recently, he has been reassigned as Command Chaplain of the Puerto Rico Army Reserve. Chaplain Goldstein stated that he has been trying unsuccessfully to correct this situation for several decades (Goldstein, 2007).

Herein lies the "situation report" that describes how the Maryland Defense Force (the United States Code Title 32 authorized State Guard of Maryland) addressed the question of facial hair while

in military uniform through a request for a modified grooming standard and commissioned the first Chasidic Rabbi into the State Defense Force. According to MDDF Chief Chaplain Charles Nalls the modified grooming standard is not ordinary, but not unique (Nalls, 2007).

In May 2006 a MDDF soldier of the Jewish faith fell, broke his neck and injured his spinal cord. Within days of the corrective neurosurgery it was discovered that he need a pacemaker to be inserted as well. Shortly after the surgeries he was transferred to the Shady Grove Adventist Rehabilitation Hospital of Rockville, Maryland for extensive rehabilitation. While undergoing extensive and exhaustive rehabilitation, the Hospital Chaplain asked its Jewish Chaplain to visit him and offer him spiritual and social comfort. The Jewish Chaplain, Rabbi Chesky Tenenbaum, Assistant Rabbi of the Chabad Lubavitch of Upper Montgomery County, met with the soldier, conducted services with him and then sat and discussed the soldier's lifestyle and his future plans.

The soldier told the Rabbi that after his family and his consulting on security and homeland security projects, the most desirable and demanding effort was his commitment to the State Defense Force (SDF) movement and writing on the subject; however, he was worried about the fact that he was wheelchair bound (at the time), heavily drugged (prescription) and had limited use of his hands for typing. While exploring ways to compensate for those limitations, Rabbi Tenenbaum mentioned that Chaplain (Colonel) Jacob Goldstein, USAR, was his uncle and that, if it wasn't for his beard, he was also like to serve as a military chaplain (Goldstein, 2007; Popper, 2005). In addition to his work at the Chabad, a Hebrew acronym for "Wisdom, Understanding, Knowledge," he is also a Chaplain for the Rehabilitation Hospital and the Rockville Volunteer Fire Department.

The two discussed over a period of several weeks the Rabbi's desire to serve as his uncle does and the possible problems associated with Rabbis with a beard as their faith requires. After eight weeks, the soldier was finally released for home therapy; however, he and Rabbi Tenenbaum continued to talk, developing a lasting friendship.

The soldier contacted Chaplain [Lieutenant Colonel (MD)] Charles Nalls, Chief Chaplain for the MDDF and discussed the possibility of commissioning a Chasidic Rabbi (Nalls, 2007). Clearly, the problem was two-fold: (1) will the Rabbi perform well as a military chaplain; and (2) the issue of the existing military grooming standard. Following personal interviews where Chaplain Nalls determined that Rabbi Tenenbaum would indeed serve the military well as a chaplain and recognizing the need for Jewish Chaplains, he decided to pursue the issue further. In turn, he contacted Chaplain (Colonel) William Lee, Chief Chaplain of the Maryland National Guard Joint Force Headquarters, and together they explored ways to commission a Chasidic Chaplain. One important issue was the fact that MDDF Chaplains often serve on Temporary Assigned Duty as chaplains to the Maryland National Guard (MDNG) when in home quarters. Since there are Jewish soldiers and airmen in the MDNG, a Jewish chaplain would be a benefit to both the MDNG and the MDDF. Finally, a decision was made that Rabbi Tenenbaum would most likely succeed as a military chaplain and that the need of the airmen and soldiers was greater than the restrictions placed on grooming. The request for commissioning was moved up the chain of command, a revision to the grooming standard was made and approved, and the vetting process proceeded.

Brigadier General (MD) Courtney Wilson, Commanding General, MDDF was briefed on the subject, agreed that the idea was worthy to pursue and approved the approach to modifying the grooming standards.

Following this decision, the vetting process was initiated. In September 2007 the soldier was notified by Chaplain Nalls that Rabbi Tenenbaum had been approved and a Commissioning Ceremony was planned for November 2007. The MDDF had officially waived the grooming standards for this purpose and has pointed the way for all the remaining SDF units across the country.

The Commissioning Ceremony took place on 26 November 2007 at 1730 at the Chabad Lubavitch of Upper Montgomery County, Maryland (Greenberg, 2007; Kresge, 2007; Montes, 2007; Zaklikowski, 2007). Attending the ceremony were Brigadier General (MD) Courtney Wilson, Chaplain William Lee, Chaplain Jacob Goldstein, Chaplain Charles Nalls, newly commissioned Chaplain [Captain (MD)] Chesky Tenenbaum, his wife and son.¹

Following are photographs taken during the Commissioning Ceremony.² In Photo 1 Chaplain Nalls, Chief Chaplain of Maryland Defense Force swears Rabbi Tenenbaum into the MDDF as a Chaplain, the first Chasidic Chaplain in any SDF in the Country. Photo 2 displays the Pinning Ceremony performed by Brigadier General (MD) Wilson, Commanding General, MDDF and Chaplain Tenenbaum's Uncle, Chaplain Goldstein, Command Chaplain of Puerto Rico USAR



Photo 1: Chaplain Nalls swearing in Rabbi Tenenbaum as Chaplain Tenenbaum, the first Chasidic Chaplain in the SDF country wide



Photo 2: General Wilson and Chaplain Goldstein perform the Pinning Ceremony

Photo 3 displays the Commissioning Party standing in front of the Holy Ark at the Chabad where the ceremony took place. Photo 4 displays Chaplain Tenenbaum sharing his special moment with his wife and son.



Photo 3: The Commissioning Ceremony party: (r-to-l) General Wilson, Chaplain Nalls, Chaplain Tenenbaum, Chaplain Goldstein and Chaplain Lee



Photo 4: Mrs. Tenenbaum and Master Tenenbaum enjoy Chaplain Tenenbaum's entry into his new career

Photo 5 (next page) presents Chaplain Tenenbaum, the man who, with his new military organization, the MDDF, points the way for the remaining 21 authorized and approved State Defense Force units.

¹ The soldier who recruited CH (CPT) C. Tenenbaum was unable to attend due to his limited mobility during the heavy rain. The author is that MDDF soldier.

² Photographs are courtesy of LTC Robert Hastings, MDDF Public Affairs Officer.

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Photo 5: Presenting
CH (CPT) Chesky
Tenenbaum, MDDF

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Martin Hershkowitz has been recalled from the retired list to serve as Special Advisor to the Commander, 10th Medical Regiment. Colonel Hershkowitz is currently the Editor of the State Defense Force (SDF) Publication Center, producing both the SDF Journal and the SDF Monograph Series; is a member of the Executive Council of the Military Emergency Management Specialist (MEMS) Academy sponsored by the State Guard Association of the United States, from which he was awarded the Master MEMS Badge; is a member of the Federal Bureau of Investigation InfraGard Program; and is an affiliate of the Aleph-Institute providing Jewish Chaplains for the SDF, with assignment to support the non-deployed National Guard units. Within and for the U.S. Government, Colonel Hershkowitz has served for 17 years as a Senior Security Officer for Nonproliferation and National Security concerned with the safeguards and security of nuclear weapons and the mitigation of the “insider threat”; as an OPSEC (Operations SECuritiy) Certified Professional; and for an additional 30+ years in military weapons analysis, educational research and evaluation, and management improvement. He is also Executive Consultant for Hershkowitz Associates. Colonel Hershkowitz has published extensively on SDF missions, critical site security and training. He is also a Certified Master Facilitator and a Certified Safeguards and Security Instructor.



Author(s)**Photograph****Kelm, Colonel (MD) Brian R., CEC, (USN-Ret)**

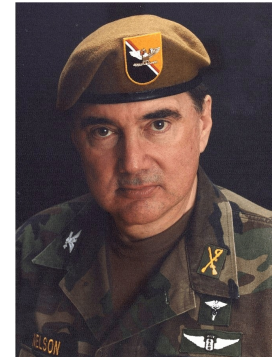
Brian R. Kelm is the commander of the Maryland Defense Force's (MDDF's) newly established Engineer Corps, with responsibilities for support of the Maryland National Guard in selected engineering activities and in support of their homeland security mission to perform critical infrastructure risk assessment. Prior to this appointment he retired as a Captain from the U.S. Navy's Construction Battalions Command (Seebes). Captain Kelm served in a number of staff and command positions in a variety of Seabee assignments, including U.S. Naval Mobile Construction Battalion FIVE during deployments to Saudi Arabia in support of Operations Desert Shield and Desert Storm, and as Special Assistant to the Assistant Secretary of the Navy for Research, Development and Acquisition. During this period Captain Kelm graduated from Purdue University, with a Master of Civil Engineering Degree in Construction Management and Engineering. His final Naval assignment was Commander of the 20th Seabee Readiness Group and Naval Construction Battalion Center Gulfport, Mississippi. Captain Kelm retired from the Navy and accepted a Federal position as business manager for the Public Works Department for the U.S. Naval Academy, which led to his appointment as the Deputy Installation Commanding Officer of Naval Support Activity Annapolis, including the Annapolis Naval Complex and Chesapeake Beach Detachment of the Naval Research Laboratory. His decorations include the Legion of Merit with one gold star, Meritorious Service Medal with two gold stars, Navy Commendation Medal with one silver star, Navy Achievement Medal, Navy Expeditionary Medal, Southwest Asia Service Medal with two bronze stars, Fleet Marine Corps Device, National Defense Medal, War on Terrorism Service Medal, Humanitarian Service Medal, Kuwait Liberation Medal, various service ribbons, and the Navy Meritorious Civilian Service Award; his MDDF decorations include, the Maryland Commendation Medal, MDDF Achievement Medal with Oak Leaf Cluster and MDDF Honorable Service Ribbon. Colonel Kelm is a Registered Professional Engineer in Maryland and Indiana, certified level III contracting officer, member of the Acquisition Professional Community, member of the American Society of Civil Engineers and the American Society of American Military Engineers, and is qualified as a Seabee Combat Warfare Specialist. He has graduated with distinction from the United States Naval War College Distance Education Program of Naval Command and Staff at Annapolis, Maryland.



Author(s)	Photograph
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Nelson, Colonel (MD) H. Wayne, Ph.D.

Wayne Nelson, Ph.D., is Deputy Commander of the 10th (MDDF) Medical Regiment of the Military Department of Maryland, and has recently received the Maryland National Guard Meritorious Service Medal for his unit's work in treating over 6,000 patients in Jefferson Parish LA. He is an Associate Professor in the Department of Health Science at Towson University in Maryland, where he teaches a variety of courses in leadership organizational behavior, and the health systems aspects of homeland security. Professor Nelson is a Fellow of the Gerontological Society of America and is noted in the 2007 edition of the Marquis Who's Who in America. Prior to entering the Academy, he was an assistant to Oregon Governor Victor Atiyeh, and served 17 years as the Deputy Director of the Oregon State Office of the Long Term Care Ombudsman. Professor Nelson has published numerous articles in major scientific journals, is a consultant with the National Long Term Care Ombudsman Resource Center, and has made numerous presentations across the nation at major scientific and professional conferences regarding staff and volunteer retention, motivation, burnout and other organizational behavior issues. He has served as a trainer and consultant to many state aging programs and is the co-author of a book to be published by Brooks/Cole, *Elder Advocacy: Essential Practices Across Settings*.



Author(s)**Photograph****Lieutenant Colonel (MD) Ron Roberts**

Lieutenant Colonel (MD) Ron Roberts commands the Maryland Defense Force (MDDF) Cavalry Troop A. In addition to teaching physical education in the Baltimore County Public School system he is a reenactor and living historian, with an emphasis on mounted cavalry, formed and commanded many reenactment units, trained numerous soldiers in the military seat and is currently the President of the First Battalion, Maryland Cavalry, Inc, a non-profit living history corporation. Lieutenant Colonel Roberts' other equestrian pursuits include foxhunting and showing, acting in numerous historical movies and documentaries, and teaching as a certified riding instructor (ARIA). He has been a consultant and lecturer on military history, edited a book, *Historique du 7eme Hussards*, and is in the process of manuscript research on another. Colonel Roberts is also a certified scuba diver (NAUI) and certified military parachutist (Poland, Slovakia). His military awards include the Maryland Meritorious Service Medal, Maryland Commendation Medal (1 OLC) and the Maryland State Service Medal.

**SMALKIN, J.D., Brigadier General (MD) Frederic N.**

Formerly Commanding General of the Maryland Defense Force (MDDF), Brigadier General Smalkin currently serves as a Special Advisor to the current Commanding General, MDDF. He has prior commissioned service in the Regular Army (ORDC) and the USAF Auxiliary (Rated Pilot). Brigadier General Smalkin's military decorations include: Meritorious Service Medal (1 OLC) (Army); Distinguished Service Medal (USAF Aux.); and Distinguished Service Cross (MD). In civilian life, he is a Senior Judge of the United States District Court for the District of Maryland. Judge Smalkin is also a member of the faculties of the University of Baltimore School of Law and the Johns Hopkins University Schools of Business and Medicine. He is an elected member of the American Law Institute.

